

HCPD INCIDENT REPORT NUMBER: \_\_\_\_\_

INSERT YOUR PROPERTY'S LETTERHEAD  
(NAME AND ADDRESS) HERE  
BANNING NOTICE

Subject's Last Name	First	Middle	Nickname
---------------------	-------	--------	----------

Subject's Address (street, city, state, zip code)

Sex	DOB	Height	Weight	Race	Hair	Eyes
-----	-----	--------	--------	------	------	------

Other descriptive features (scars, marks, tattoos)	Driver's License # or Social Security #
--	---

You are hereby notified that you are NOT permitted onto the property known as \_\_\_\_\_  
for a period of \_\_\_\_\_ month(s) (maximum twelve months):

<input type="checkbox"/> Involved in theft <input type="checkbox"/> Intoxication <input type="checkbox"/> Disturbance of public peace <input type="checkbox"/> Weapon violation <input type="checkbox"/> Alcoholic beverage law <input type="checkbox"/> Sex offense <input type="checkbox"/> Assault/Battery/Fighting <input type="checkbox"/> Other violations of Criminal Law or County Code: _____	<input type="checkbox"/> Harassment <input type="checkbox"/> False fire alarm <input type="checkbox"/> False report/statement <input type="checkbox"/> Motor vehicle violation <input type="checkbox"/> Verbal threats <input type="checkbox"/> Trespassing <input type="checkbox"/> Indecent exposure
---	--

Location of Incident:

Police Officer Printed Name	Police Officer ID#	Date/Time
-----------------------------	--------------------	-----------

This action has been recorded and will be maintained on file by \_\_\_\_\_ and will be made available to the Howard County Department of Police for the entire period of your exclusion. Your failure to comply with this banning notice **WILL** result in your arrest for trespassing.

Signature of Management Representative Building Administrator	(Printed Name)	Date/Time
--	----------------	-----------

Signature of Person Banned	(Printed Name)	Date/Time
----------------------------	----------------	-----------

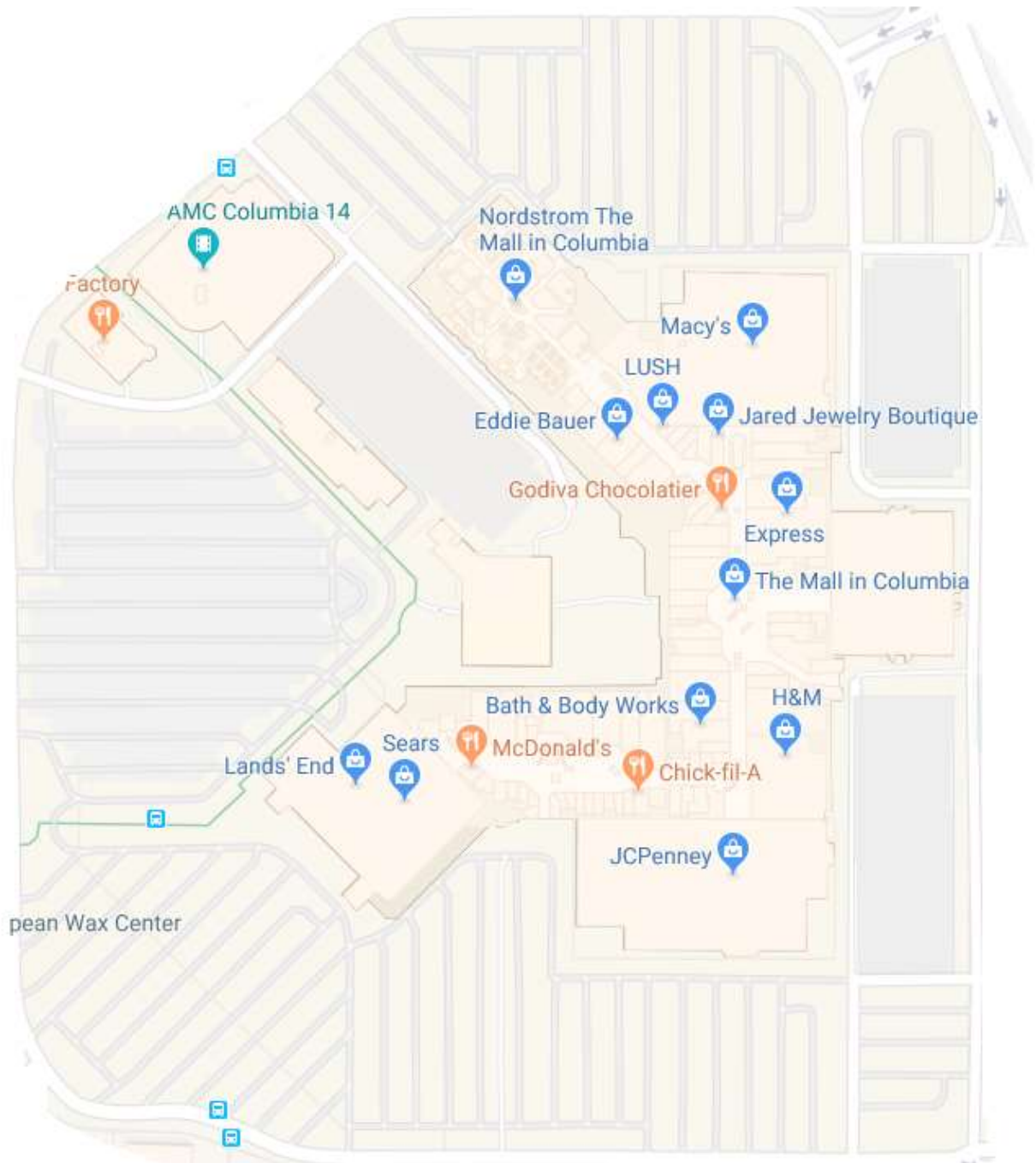
*(If the Banned individual refuses or unable to sign the Banning Notice, please provide witness information below.)*

Witness Signature	(Printed Name)	Date/Time
-------------------	----------------	-----------

APPROVED BY:

Banning Administrator	(Printed Name)	Date/Time
-----------------------	----------------	-----------

EXAMPLES OF ACCEPTED LOCATION IDENTIFIERS:



Or:

8225-8546 Main Street, Columbia, Maryland 21044  
8567-8776 Main Street, Columbia, Maryland 21044